

(Mr. MORAN of Kansas addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

#### AFTA AND DRUG CONTROL

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from North Carolina (Mr. JONES) is recognized for 5 minutes.

Mr. JONES of North Carolina. Mr. Speaker, last month, 10,500 North Carolinians lost their jobs. Many of those jobs were in the manufacturing sector. Why? Misguided trade policies like "Most Favored Nation" trade status for China, Trade Promotion Authority, and an explosion of free trade agreements like NAFTA and CAFTA.

It appears this administration wants to eliminate more U.S. manufacturing jobs by signing another free trade agreement, this one with the low-wage countries such as Colombia, Ecuador and Peru. This agreement is called AFTA, Andean Free Trade Agreement. It is being negotiated as we speak.

In addition to eliminating U.S. jobs, AFTA is likely to increase the amount of cocaine coming into this country. U.S. negotiators are pushing the Colombians to agree to provisions that will force many of their poor farmers into cocaine production. That cocaine will undoubtedly come flooding into American neighborhoods. I urge my colleagues to look into this issue, because if there is one thing this country does not need, it is a new trade agreement that exports U.S. jobs and increases imports of deadly drugs.

Mr. Speaker, I think too many times we in the Congress try to do what we think is right, but when it comes to sending jobs down to Central America or to China or other countries, it is not good for the American workers.

Mr. Speaker, with that, tonight I am going to close by asking the American people to please remember our men and women in uniform who are serving in Iraq and Afghanistan, to please remember the families who have lost loved ones in Afghanistan and Iraq, and I close by asking God to please bless our men and women in uniform.

#### HONORING THE 2,000 AMERICANS KILLED IN IRAQ

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Illinois (Mr. EMANUEL) is recognized for 5 minutes.

Mr. EMANUEL. Mr. Speaker, today marks a solemn milestone: 2,000 American military personnel have now given their lives fighting in Iraq; 244 Americans have also fallen in Afghanistan. We owe these brave men and women and their families a debt of gratitude that can never be fully repaid.

In July of this year, I led a bipartisan group of 21 Members of Congress in reading the names of the fallen into the CONGRESSIONAL RECORD over a 2-week period of time. Tonight I continue this tribute by reading the names

of some of those who have fallen most recently.

In the words of President Franklin Delano Roosevelt, each of these heroes stands in the unbroken line of patriots who have dared to die that freedom might live and grow and increase in its blessings. God bless them, and keep each of the brave Americans whose memory we honor tonight in our memory: Staff Sergeant Jeremy W. Doyle, Specialist Ray M. Fuhrmann II, Lance Corporal Phillip C. George, Private 1st Class Timothy J. Seamans, 1st Lieutenant Laura M. Walker, Sergeant Willard Todd Partridge, Private 1st Class Elden D. Arcand, 2nd Lieutenant James J. Cathey, Specialist Blake W. Hall, 1st Lieutenant Joshua M. Hyland, Sergeant Michael R. Lehmler, Staff Sergeant Brian Lee Morris, Specialist Joseph C. Nurre, Private Christopher L. Palmer, Sergeant Joseph Daniel Hunt, Specialist Hatim S. Kathiria, Staff Sergeant Ictoir P. Lieurance, Private 1st Class Ramon Romero, Master Sergeant Chris S. Chapin, 1st Lieutenant Carlos J. Diaz, Sergeant 1st Class Trevor J. Diesing, Master Sergeant Ivica Jerak, Corporal Timothy M. Shea, Staff Sergeant Damion G. Campbell, Specialist Joseph L. Martinez, Sergeant 1st Class Obediah J. Kolath, Chief Warrant Officer Dennis P. Hay, 2nd Lieutenant Charles R. Rubado, Major Gregory J. Fester, Specialist Jason E. Ames, Captain Lowell T. Miller II, Sergeant Monta S. Ruth, Sergeant George Ray Draughn, Jr., 1st Lieutenant Derek S. Hines, Staff Sergeant Robert Lee Hollar, Jr., Sergeant 1st Class Lonnie J. Parson, Lance Corporal Ryan J. Nass, Sergeant Matthew Charles Bohling, Specialist Luke C. Williams, Hospitalman Robert N. Martens, Specialist Jeffrey A. Williams, Sergeant Franklin R. Vilorio, Staff Sergeant Jude R. Jonaus, Staff Sergeant Christopher L. Everett, Specialist Jeremy M. Campbell, Sergeant Kurtis Dean K. Arcala, Seaman Apprentice Robert D. Macrum, Sergeant Alfredo B. Silva, Lance Corporal Shane C. Swanberg, Sergeant Matthew L. Deckard.

Mr. Speaker, in the words of President Abraham Lincoln, who wrote to the mother of five fallen soldiers, "I pray that our Heavenly Father may assuage the anguish of your bereavement, and leave you only the cherished memory of the loved and lost, and the solemn pride that must be yours to have laid so costly a sacrifice upon the altar of freedom."

I would also like to thank the brave men and women who continue to serve our Nation in both Iraq and Afghanistan and throughout the world and serve with distinction. Our thoughts and prayers and gratitude are with you and your families at this time until you return home.

To the families whose names I have read here tonight and other nights, if I have mispronounced your names, my apology. I want you to know your family member, your son and your daugh-

ter, your brothers and sisters, your fathers and mothers, that we only meant to put your name in the CONGRESSIONAL RECORD and to always be part of our country and our community.

God bless you.

#### ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair would remind Members that remarks are supposed to be directed to the Speaker, rather than the viewing audience.

#### PANDEMIC PLAN: AVIAN INFLUENZA

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. BURGESS) is recognized for 5 minutes.

Mr. BURGESS. Mr. Speaker, I just wanted to take a minute this evening to talk about something that has been in the news a lot lately, and something that this Congress is going to be dealing with more and more as the next several months go by, and that is a discussion about the avian flu, or the so-called bird flu. I wanted to use these remarks tonight to talk about what is the bird flu; perhaps some history that may be important; what is a pandemic, and what makes a pandemic a pandemic; and then, finally, what can be done to prepare ourselves and our country if indeed this pandemic is on the horizon.

It is important to remember, Mr. Speaker, that the influenza virus has been with us for a long time. It is constantly changing and undergoes a continuous process of evolution and changes. Generally, these are small changes referred to as genetic drift. It is why we have to get a flu shot every year. But occasionally, occasionally, the virus undergoes a major evolutionary change and undergoes a genetic shift, rather than just the drift that we see from year to year.

For the past several years, a flu type known as H3N2 has been the type against which we commonly receive our yearly flu shot. Because of genetic drift, a new vaccination is necessary every year. With the absence of a regular yearly update in the flu vaccination, we would all have some immunity that would carry over from year to year. But approximately every 30 years there is a major change in the flu virus worldwide. This type of major change took place in 1957, and 170,000 people in this country died from the Asiatic flu, and in 1968, when 35,000 died from the Hong Kong flu.

Mr. Speaker, the term "pandemic" applies when there is no underlying immunity within the community to the particular type of flu virus. A pandemic occurs with periodic evolution of the influenza virus.

Assumptions about prior pandemics become part of our planning for the avian flu, a particularly virulent strain

of flu that could overwhelm all of the available responses and resources that we could have at our disposal in this country. Every hospital bed filled. Think in terms of nearly 2 million deaths in this country from a pandemic.

The virus under consideration, H5N1, actually has some similarities with the Spanish flu that caused the big pandemic in 1918. Both of these illnesses cause lower respiratory tract symptoms, high fever, myalgias, prostration and a postviral weakness that could last from 4 to 6 weeks.

The virus primarily replicates in bronchial tissue. It may cause a primary or secondary pneumonia. The pulmonary tree is unable to clear itself of secretions and debris. The vast majority of people could recover, but there is significant potential to kill, and it is related to the virulence of the virus.

Currently we talk about the 1918 Spanish flu. That was a pure avian or bird flu, which then adapted to humans with fulminant infections as a result. There is currently a widespread bird infection throughout Asia, Russia, several former Soviet republics and Southeast Asia, and recently we have seen it make an appearance in European Union countries.

The virus has jumped species. What began purely as a presence in avian populations is now present in canines and felines. Person-to-person transmission has occurred.

Because of the presence in birds, migratory flyways facilitate distribution of the illness, and, of course, modern worldwide travel imposes additional concerns, as we saw with the SARS epidemic 2 years ago.

The steps to a pandemic include: Number one, the virus in a widespread host such as birds; number 2, a wide geographic setting with involvement of other mammals; number 3, bird-to-human transmission; number 4, inefficient human-to-human transmission; and, number 5, efficient human-to-human transmission.

Steps 1 through 4 have already occurred since avian influenza first appeared in 1997. It is the last step, efficient human-to-human transmission, which to date has not occurred. This will require further genetic mutation of the virus, but if that event does occur, that is what will mark the commencement of a worldwide pandemic.

It is entirely possible that the mutation will not occur. It is also entirely possible that efficient human-to-human transmission will never be developed and the pandemic will not occur. The situation is very unpredictable, but because of the extremely wide geographic distribution of the avian flu, unlike any ever seen previously before, it is prudent to prepare for the outbreak in humans.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Oregon (Mr. DEFAZIO) is recognized for 5 minutes.

(Mr. DEFAZIO addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

#### TRIBUTE TO ROSA PARKS

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Ohio (Mr. BROWN) is recognized for 5 minutes.

Mr. BROWN of Ohio. Mr. Speaker, I rise today to recognize Rosa Parks, who died yesterday at the age of 92.

Some 50 years ago, Mrs. Parks took a stand for freedom by sitting down. She refused to give up her seat on a city bus to a white man. Mrs. Parks was arrested and convicted of violating Alabama's segregation laws. Her actions sparked the Montgomery bus boycott and toppled the Jim Crow law under which she had been convicted.

Mrs. Parks was not seeking attention, was not trying to become a symbol at that moment of the civil rights movement. But by taking a stand against racial inequality, her arrest personalized the injustice to Americans of faith and strong belief, of all races, and personalized the humiliation of segregation laws.

□ 2000

Rosa Parks' courage and active defiance ignited the civil rights movement. Her understanding of equality and commitment to justice made her a gifted leader of that movement.

Today we mourn the loss of Mrs. Parks. We honor her personal strength, her determination, as a civil rights leader and her vision of a Nation where freedom is denied to no man and to no woman. The memory of Rosa Parks inspires the fight for social and economic justice.

#### RED RIBBON WEEK

The SPEAKER pro tempore (Mr. SODREL). Under a previous order of the House, the gentleman from Indiana (Mr. SOUDER) is recognized for 5 minutes.

Mr. SOUDER. Mr. Speaker, I thank my colleagues in the entire House today for adopting H. Res. 485, supporting the goals of Red Ribbon Week. Red Ribbon Week, which is this week, helps bring together local communities for anti-drug abuse education and other prevention efforts. I would like to thank all the members who cosponsored this resolution, and Chairman JOE BARTON of the Energy and Commerce Committee, and Chairman NATHAN DEAL of the Health Subcommittee for their assistance in bringing it before the whole House. Regrettably, as this resolution was added to the schedule only last night, I was in my Congressional district and was unable to be on the House floor today to express my support for my own bill.

However, I am very pleased that we were able to pass Red Ribbon Week. Twenty years ago, in March 1985, Special Agent Enrique Camarena of the

Drug Enforcement Agency, DEA, was kidnapped, tortured and murdered by drug dealers in Mexico. Red Ribbon Week began as a local commemorative effort Agent Camarena's hometown of Calexico, California. Congressman DUNCAN HUNTER and Camarena's high school friend, Henry Lozano, created the Camarena Club to preserve the agent's legacy. The National Family Partnership later formalized Red Ribbon Week as a national campaign, an 8-day event proclaimed by the U.S. Congress and chaired by then President and Mrs. Ronald Reagan.

Red Ribbon Week is dedicated to helping preserve Agent Camarena's memory and further the cause for which he gave his life, the fight against the violence of drug crime and the misery of addiction. By gathering together in special events and wearing a red ribbon during the last week in October, Americans from all walks of life demonstrate their opposition to drugs. Such events include organizing drug prevention events and schools distributing educational materials to young people about the dangers of drug abuse and other activities designed to promote healthy choices. Approximately 80 million people participate in Red Ribbon events each year.

I would also like to use this opportunity to urge that our leadership soon act on anti-methamphetamine legislation, legislation with broad bipartisan support. I hope that after this legislation is passed, it is then applied to the Commerce, State, Justice appropriations bill and any other appropriate appropriations bill that we have not yet passed, rather than languishing with a few hundred bills over in the other body. We need results, not just more posturing, not just talk, actual money and actual policy in the fight against methamphetamines.

I hope the appropriations conference committees do not undo the will of the House, as we added methamphetamine funding in a number of appropriations bills, including adding \$25 million to the national ad campaign specifically designed for methamphetamine prevention, not a reallocation of other committee money. We had an offset, it was money specifically in the ad campaign for anti-methamphetamine advertising.

Also, that this \$25 million not be diverted to other types, on marijuana and other issues, it is for methamphetamine advertising. It is very important, it was bipartisan and it was overwhelming. We need to do these things. We have not had a lot of bipartisanship in this House, but in this battle against methamphetamines, we have that.

The same on steroids. I have been a long-suffering White Sox fan for over 50 years at this point in my life. I am thrilled they are in the World Series. This is a time that we should move the ONDCP, the so-called drug czar bill through, which has been held up because even though it passed unanimously through the committee, which